No. (if known): 09/888,079

Attorney Docket No.: 55821 (71699)

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on	March 12, 2007	<u>.</u>	
	Date		
	/ o	kuil Suja	
		Signature /	
		Lakeisha Bryant	
	Typed or printed	name of person signing Certificate	
		(617) 439-4444	
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Amendment Transmittal (1 page), including duplicate copy;

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Response to Office Action (22 pages);

Replacement drawings (Figs. 1-5 on 5 sheets);

Charge \$1,020.00 to deposit acccount 04-1105;

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THEN

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AR 1 2 200	AMENDMENT TRANSMITTAL LETTER	Docket N 55821 (716

AMENDMENT TRANSMITTAL LETTER  Application No. Filing Date Examiner						Docket No. 55821 (71699)		
,		Filing Date		Examiner		Art Unit		
09/888,079-C	onf. #6574	June 22, 2001		M. F. Desan	to	3763	3763	
Applicant(s): Sig	ne E. Varner et	al.	3-7				/	
Invention: METH	OD AND DEVI	CE FOR SUBF	RETINAL DRI	JG DELIVERY				
Transmitted here		THE COMMI						
The fee has been	n calculated an	d is transmitte	d as shown b	elow.				
		CLAIM	S AS AMEN	DED	<del></del>			
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate				
Total Claims	54	- 54 =		×				
Independent Claims	3	- 3 =		х				
Multiple Depend	dent Claims (ch	eck if applicabl	e)					
Other fee (pleas	se specify): E	Extension for res	ponse within the	nird month	1,020.00			
TOTAL ADDIT	IONAL FEE FO	OR THIS AME	NDMENT:		1	,020.00		
x Large Entity	,			Small Entity				
No additiona	al fee is require	d for this amer	ndment.					
	ge Deposit Acc			n the amount of \$ _	1,020			
A check in the	he amount of \$		to cover	the filing fee is encl	osed.			
Payment by	credit card. Fo	orm PTO-2038	is attached.					
	r is hereby auth d below. A dup			Deposit Account No enclosed.	o. <u>04</u> -	1105		
x Credit a	ny overpaymer	nt.						
x Charge	any additional fill	ing or applicatio	n processing	fees required under 3			•	
Lisa Swiszcz/A Attorney/Agent		368		Dated: <u>////</u>	arch	12,007		
EDWARDS AN P.O. Box 5587 Boston, Massa	4 chusetts 0220		_P					
(617) 439-4444	<b>,</b>							

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(Lakeisha Bryant)